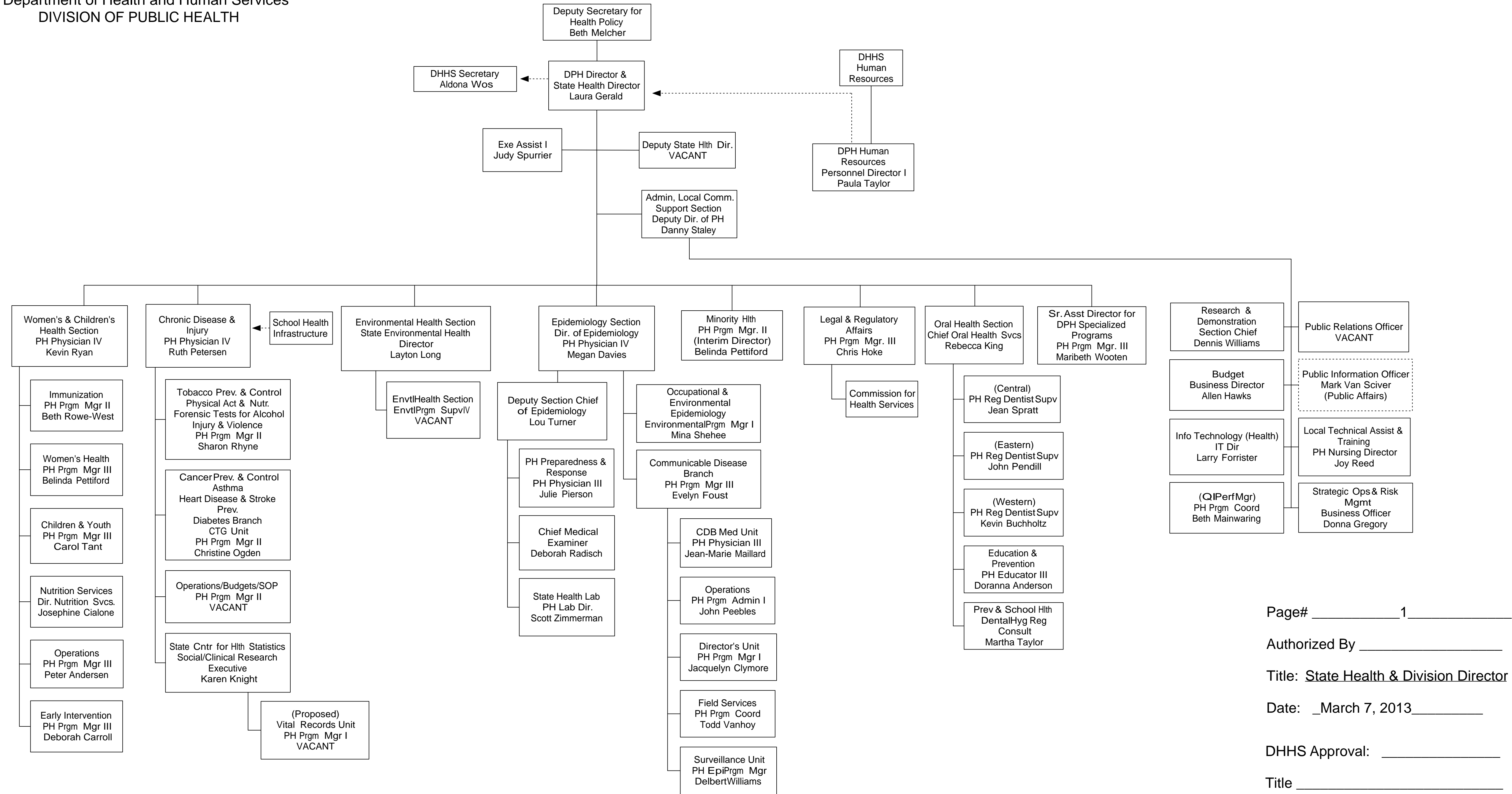


Department of Health and Human Services
DIVISION OF PUBLIC HEALTH



Page# _____1_____

Authorized By _____

Title: State Health & Division Director

Date: _March 7, 2013_____

DHHS Approval: _____

Title _____

Date _____